

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NH0569</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY COMMONS REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 RACINE DRIVE</b> <b>WILMINGTON, NC 28403</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments  A state licensure complaint investigation survey was conducted from 10/30/23 through 11/02/23. Event ID # 5LVX11. The following intake was investigated: NC00209172.  4 out of 4 complaint allegations had no deficiency cited.	D 000		
D 454	10A NCAC 13F .1212(e) Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting Of Accidents And Incidents (e) The facility shall assure the notification of a resident's responsible person or contact person, as indicated on the Resident Register, of the following, unless the resident or his responsible person or contact person objects to such notification: (1) any injury to or illness of the resident requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but no later than 24 hours from the time of the initial discovery or knowledge of the injury or illness by staff and documented in the resident's file; and (2) any incident of the resident falling or elopement which does not result in injury requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but not later than 48 hours from the time of initial discovery or knowledge of the incident by staff and documented in the resident's file, except for elopement requiring immediate notification according to Rule .0906(f)(4) of this Subchapter.	D 454		12/15/23

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

11/22/23

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D 454	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and staff interviews the facility failed to notify the responsible party of a change of condition requiring treatment for 1 of 1 resident (Resident #1) observed.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 05/08/23. Diagnoses included Parkinson's disease, coronary artery disease, and congestive heart failure.</p> <p>A review of a nursing progress note written on 10/28/23 at 9:21 AM by Nurse #2 revealed Resident #1 was noted to have an elevated temperature of 100.4 and complaints of nausea and upset stomach. The resident's blood pressure (BP) was 136/81 millimeters of mercury (mm/hg), heartrate (HR) was 90 beats per minute (bpm), respiration rate (RR) was 16 breaths per minute (bpm) and oxygen saturation was 93% on room air. Resident #1 with no acute distress and respirations were even and unlabored. She had an allergy to Tylenol (pain reliever and fever reducing medication). The on-call provider was notified with new orders for Ibuprofen (pain and fever reducing medication) 400 milligrams (mg) every 6 hours as needed and Zofran (a medication to relieve nausea) 4 mg every 6 hours as needed.</p> <p>A phone interview was conducted with the Responsible Party (RP) on 11/01/23 at 3:18 PM. The RP reported she was never notified by the facility that Resident #2 had a fever and was nauseated and new medications were ordered.</p> <p>An interview with Nurse #2 on 11/02/23 at 10:45</p>	D 454	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>D454 The facility failed to notify the responsible party of a change of condition requiring treatment for 1 of 1 resident.</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: Resident discharged to hospital on 10/31/23 and did not return.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. On 11/21/23 the Unit Manager conducted an audit to validated that notification of Change of Condition to responsible parties have been completed with no deficient practice noted.</p> <p>3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: On 11/21/2023, the Nurse Educator started education on Change in Condition</p>	

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D 454	<p>Continued From page 2</p> <p>AM revealed on 10/28/23 she was assigned to the 100 hall and overseeing the Medication Technician (MT) who was assigned to that floor. Nurse #2 stated she was made aware by MT #3 that Resident #1 was not feeling well and upon assessment it was noted Resident #1 had a temperature of 100.4 and was complaining of feeling nauseated. Nurse #2 reported she thought that Resident #1 may have had a touch of the gastrointestinal bug that was going around. She stated she called the provider and got an order for Ibuprofen because she had an allergy to Tylenol and also got an order for Zofran. She stated MT #3 administered the Ibuprofen and Zofran and when she followed up with the Resident #1, she stated she was feeling better and was afebrile (without a fever). Nurse #2 stated she ate breakfast that morning and so she thought she was doing okay. She stated she did not notify the Responsible Party on 10/28/31 of Resident #1 having a temperature or of the new orders. Nurse #2 stated she just got busy and forgot too but that it was facility protocol to notify the family and the physician with any change of condition.</p> <p>A nursing progress note written on 10/29/23 at 1:29 PM by Nurse #2 revealed the Medication Technician (MT) informed this nurse that the resident's responsible party (RP) was at the facility to visit Resident #1 and stated she wanted Resident #1 sent to the emergency room (ER) for evaluation due to the resident "not acting herself." This nurse gathered paperwork needed for EMS and assisted EMS to resident's room to give report.</p> <p>A nursing progress note written on 10/29/23 at 1:39 PM by Nurse #2 revealed the on call provider for Resident #1 was notified of residents'</p>	D 454	<p>and the Notification Process with all nurses on 11/21/2023 and will be completed by 12/14/2023. The Director of Nursing will ensure that any of the above identified staff who does not complete the in-service training by 12/14/2023 will not be allowed to work until the training is completed.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Unit Manager or assignee will monitor change of condition notification weekly x 4 weeks then monthly x 3. Audits will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly Quality Assurance Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager.</p> <p>Date of Compliance: 12/15/2023</p>	

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D 454	Continued From page 3  status and being sent to ER for evaluation.  An interview was conducted with the Administrator on 11/02/23 at 3:45 PM. The Administrator stated he expected his nursing staff to notify the responsible party of any change of condition in a resident.	D 454		